PTO/SB/01 (10-01)

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Office and the Commerce of Commerce of

| . star 1995, no persons are required to | espond to a collection of infor- | mation ur | Office; U.S. DEPARTMENT OF COMMERCE less it contains a valid OMB control number. | | |
|--|----------------------------------|-----------|---|--|--|
| DECLARATION FOR UTILITY OR | Attorn y Docket Nu | mb r | valid OMB control number. | | |
| DESIGN | First Named Invento | or | Armin Meisl | | |
| PATENT APPLICATION (37 CFR 1.63) | COMPLETE IF KNOWN | | | | |
| Declaration Submitted With Initial Filing Submitted after Initial Filing (37 CFR 1.16 (e)) required) | Application Number | | | | |
| | Filing Date | | | | |
| | Art Unit | | | | |
| | Examiner Name | | | | |
| As the below named inventor, I hereby declare that: | | _ | | | |
| My residence, mailing address, and citizenehip are | | | | | |

| and action its | med inventor, I hereby | declare that: | | |
|--------------------------|---|-----------------------------|---|---|
| My residence, ma | iling address, and citizen | nship are as stated below r | lext to my name | |
| believe I am the | original and first inventor | of the subject matter which | h ie doimed Lr | |
| | | | text to my name. h is claimed and for which a patent is sought | on the invention entitled: |
| System and | d Method for impl | lementing a Unive | ersal Messaging Gateway (UM | |
| 11 | | 0 | wood Messaging Gateway (UM | G) |
| 11 | | | | 1 1 |
| 11 | | | | 1.1 |
| 11 | | | | 1 1 |
| L | | | | |
| the specification of | | (Title of the Invent | ion) | |
| I I | wnich | | | |
| is attached h | ereto | | | i |
| OR | | | | |
| was filed on (| MM/DD/YYYY) | | 7 | |
| , | | | as United States Application Number or Po | CT International |
| 1 | | | 1 | omational |
| Application Number | | and was amended on (| 444 | ٦ |
| | | _ | . 1 | (if applicable). |
| I hereby state that I h | ave reviewed and unders | stand the contents of the | bove identified specification, including the cla | ٦ |
| Lacknowledge at a con- | ifically referred to above. | and doments of the al | pove identified specification, including the cla | ims, as amended by |
| applications, material | y to disclose information information which became | which is material to patent | lability as defined in 37 CFR 1.56, including for ing date of the prior application and the nation | |
| | | | | |
| breeder's rights certifi | cate(s), or 365(a) of any | D.S.C. 119(a)-(d) or (f), o | or 365(b) of any foreign application (-) (-) | |
| breeder's rights certifi | ed below and have also cate(s), or any PCT inte | identified below, by check | or 365(b) of any foreign application(s) for pat tition which designated at least one country ging the box, any foreign application for pate ng a filing date before that of the applicatio | other than the United |
| Prior Foreign A | -1111 | | ng a filing date before that of the application | nt, inventor's or plant n on which priority is |

| Prior Foreign Application Number(s) | Country | Foreign Filing Date | | |
|--|---------------|---------------------|-------------|--------------------------|
| (-) | Country | (MM/DD/YYYY) | Not Claimed | Certified Copy Attached? |
| 1 | | | | YES NO |
| ł | | 1 | | |
| i | | 1 | | |
| | | 1 1 | | |
| 1 | | 1 1 | 11 | |
| | | 1 1 | | |
| Additional foreign application numb | ore en l'at a | | | 1 1 1 7 |

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Tuderant. Officer, and Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Weshington, DC 20231.

PTOISBI01 (10-01)

Approved for use through 10/31/2002. OMB 695-010.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMS control number.

DECLARATION — Utility or Design Patent Application

| Direct all correspondence to: Customer Nor Bar Code | | | 582 | | OR Con | | Corr | respondence address below | |
|---|--------------|-----------------|--------------|----------|-------------------------|--------------------|----------------|---------------------------|--|
| Name | | | | | | | | | |
| Address | | | | | | | | | |
| City | | | State | | | | | ZIP | |
| Country | Telep | hone | | | | | | Fax | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | | | |
| NAME OF SOLE OR FIRST INVENTOR : | | A petition h | as bee | en filed | for t | his u | nsigr | ned inventor | |
| Given Name Armin Family Name Meisl (first and middle [if any]) Family Name or Surname | | | | | | | | | |
| Inventor's Signature | | | | | | 09/05/2003 Date | | | |
| Muenchen (Munich) Residence: City | Bayern | | Germ | | rmany | | | German Citizenship | |
| Malling Address Radikoferstrasse 11a | | | | | | | | | |
| Muenchen (Munich) | nich) Bayern | | 81373 zip | | | Germany | | | |
| NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor | | | | | | | | | |
| Given Name (first and middle [if any]) Leila Family Name or Sumame Fiouz | | | | 17 | I | | | | |
| Inventor's Signature | | | | | 96/09/2003 Date | | | | |
| Residence: City Toronto | | State ON CANADA | |) | CANADIAN Citizenship | | | | |
| 10 YONGE ST. # 2603, TORONTO, ON, MSE 1RY Malling Address | | | | | | | | | |
| city TORONTO | | State ON | | MSE 1R4 | | 1 | CANADA Country | | |
| Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | | | | | |